

BILLY J. WILLIAMS, OSB #901366

United States Attorney

District of Oregon

SEAN E. MARTIN, OSB #054338

Assistant United States Attorney

1000 S.W. Third Avenue, Suite 600

Portland, OR 97204-2902

sean.martin@usdoj.gov

Telephone: (503) 727-1010

Attorneys for Defendants

UNITED STATES DISTRICT COURT

DISTRICT OF OREGON

JAMES FRANKENFIELD,

Case No. 1:17-cv-00679-CL

Plaintiff,

v.

**CERTIFIED PASSPORT
RECORD**

REX W. TILLERSON, in his official
capacity as Secretary of State;

BRENDA SAUNDERS SPRAGUE,

in her official capacity as Deputy

Assistant Secretary for Passport

Services, Bureau of Consular Affairs,

U.S. Department of States; **ADAM E.**

FOX, in his official capacity as

Consular Section Chief, U.S. Embassy

Tbilisi, Georgia and also individually,

Defendants.

No. 17/03885

United States of America



DEPARTMENT OF STATE

To all to whom these presents shall come, Greeting:

I Certify That Brykyta K. Shelton,

whose name is subscribed to the document hereunto annexed, was at the time
of subscribing the same Chief, Records Services Division,

Passport Services, Department of State, United States
of America, and that full faith and credit are due to his acts as such.

In testimony whereof, I Rex W. Tillerson

Secretary of State, have hereunto caused the seal of the
Department of State to be affixed and my name subscribed by the
Authentication Officer of the said Department, at the city of
Washington, in the District of Columbia, this 28th
day of August, 20 17

Rex W. Tillerson
Secretary of State.

By Gonya A. Cook
Authentication Officer, Department of State

Issued pursuant to RS 161.5 USC 22, RS
203.5 USC 158; Sec. 1 of Act of June 25,
1948, 62 St. 946, 28 USC 1733; Sec. 4 of
Act of May 26, 1949, 63 St. 111, 5 USC 151c;
and Secs. 104 and 332 of Act of June 27,
1952 66 St. 174 and 253, 8 USC 1104, 1443,
and 5 USC 140.

This certificate is not valid if it is removed or altered in any way whatsoever



United States Department of State

Washington, D.C. 20520

TO WHOM IT MAY CONCERN:

I, Brykyta K. Shelton, Chief, Records Services Division, Office of Technical Operations, Passport Services Directorate, United States Department of State, certify under penalty of perjury that, as Chief of the Records Services Division, I am the custodian of the passport files.

I further certify that: 1) the passport record attached hereto and listed below, consisting of nine pages, is a true copy of the original record in the custody of the Passport Services Directorate of the United States Department of State; 2) I am the custodian of this file, and 3) the record attached to this certificate was:

- A. Made at or near the time of the issuance of a passport, or the occurrence of the matters set forth therein, by the person executing the record with knowledge of the information provided therein;
 - B. Kept in the course of regularly conducted activity under the authority of the Secretary of State to grant and issue passports; and,
 - C. Made during the regularly conducted activity as a regular practice under the authority of the Secretary of State to grant and issue passports.
1. Scanned copy of unissued passport application and attachments retrieved from the Passport Lookout Tracking System (PLOTS) executed in the name of James Clark Frankenfield on May 12, 2015. **[Released in Part - Pursuant to the Freedom of Information Act, subsection (b)(6) and section (b) of the Privacy Act (5 U.S.C. § 552a). We have redacted material, the release of which would constitute a clearly unwarranted invasion of personal privacy of a third party, namely the passport acceptance or adjudication clerk.]**

-2-

I further state that this certification is intended to satisfy the following provisions:

- Rule 44, Federal Rules of Civil Procedure
- Rule 27, Federal Rules of Criminal Procedure
- Rule 902, Federal Rules of Evidence, under Title 28, United States Code Annotated

Sincerely,



Brykita K. Shelton, Chief
Records Services Division
Office of Technical Operations
Passport Services

Date: AUG 28 2017



U.S. PASSPORT RENEWAL APPLICATION FOR ELIGIBLE INDIVIDUALS

 OMB CONTROL NO. 1405-0020
 OMB EXPIRATION DATE: 12-31-2016
 ESTIMATED BURDEN: 40 MIN

Please Print Legibly Using Black Ink Only

Attention: Read WARNING on page 1 of instructions

Please select the document(s) for which you are applying:

☒ U.S. Passport Book
 ☐ U.S. Passport Card
 ☐ Both

The U.S. passport card is not valid for international air travel. For more information see page 1 of instructions.

☐ 28 Page Book (Standard)
 ☒ 52 Page Book (Non-Standard)

Note: The 52 page option is for those who frequently travel abroad during the passport validity period, and is recommended for applicants who have previously required the addition of visa pages.

1. Name Last

FRANKENFIELD

First

JAMES

Middle

CLARK

2. Date of Birth (mm/dd/yyyy)

[REDACTED]

3. Sex

M F

4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known.)

ABINGTON PENNSYLVANIA

5. Social Security Number

[REDACTED]

6. Email Address (e.g., my_email@domain.com)

snowman@csac.org

7. Primary Contact Phone Number

[REDACTED]

8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB.

Address Line 2: Clearly label Apartment, Company, Suite, Unit, Building, Floor. In Care Of or Attention if applicable. (e.g., In Care Of - Jane Doe, Apt # 100)

City

State

Zip Code

Country, if outside the United States

9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)

A.

B.



10. Passport Book and/or Passport Card Information

Your name as printed on your most recent U.S. passport book and/or passport card

JAMES CLARK FRANKENFIELD

Most recent passport book number

213325266

Issue date (mm/dd/yyyy)

05/16/2005

Most recent passport card number

Issue date (mm/dd/yyyy)

11. Name Change Information Complete if name is different than last U.S. passport book or passport card

Changed by Marriage Place of Name Change (City/State)

Date (mm/dd/yyyy)

Changed by Court Order

Please submit a certified copy. (Photocopies are not accepted!)

CONTINUE TO PAGE 2

YOU MUST SIGN AND DATE THE APPLICATION IN THE DESIGNATED AREA BELOW

I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on page four of the instructions of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph submitted with this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page one of the instructions to the application form.

 x

 Applicant's Legal Signature

 May 12, 2015

 Date

FOR ISSUING OFFICE ONLY

☐ PPT BK C/R
 ☐ PPT BK S/R
 ☐ PPT CD C/R
 ☐ PPT CD S/R

☐ Marriage Certificate Date of Marriage/Place Issued:

☐ Court Order Date Filed/Court:

From _____

To: _____

☐ Other

☐ Attached


For Issuing Office Only → Bk Fee \$170 Cd Fee EF Postage Other \$40



* DS 82 C 08 2013 1 *

DS-82 08-2013

Page 1 of 2

Name of Applicant (Last, First & Middle) FRANKENFIELD, JAMES CLARK				Date of Birth (mm/dd/yyyy) [REDACTED]	
12. Height	13. Hair Color	14. Eye Color	15. Occupation Engineer/Scientist		16. Employer or School (if applicable) self
17. Additional Contact Phone Numbers					
[REDACTED]		Home Work	Cell <input checked="" type="checkbox"/> Voice Mail	[REDACTED]	
18. Permanent Address: If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address.					
Street/RFD # or URB (No P.O. Box)					Apartment/Unit
City			State	Zip Code	
19. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.					
Name		Address: Street/RFD # or P.O. Box			Apartment/Unit
[REDACTED]		[REDACTED]			[REDACTED]
City	State	Zip Code	Phone Number	Relationship	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	
20. Travel Plans					
Departure Date (mm/dd/yyyy)		Return Date (mm/dd/yyyy)		Countries to be visited	
				Residing in Georgia	
STOP! YOU HAVE COMPLETED YOUR APPLICATION BE SURE TO SIGN AND DATE PAGE ONE					
 * DS 82 C 08 2013 2 *					

El Secretario de Estado de los Estados Unidos de América por el presente solicita a las autoridades competentes permitir el paso del ciudadano o nacional de los Estados Unidos aquí nombrado, sin demora ni dificultades, y en caso de necesidad, prestarle toda la ayuda y protección posibles.

NOT VALID UNTIL SIGNED

ORIGINAL SEEN AND RETURNED

United States of America

19.3 MAY 2005



Type / Type / Tipo Code / Code / Código Passport No. / No. du Passeport / No. del Pasaporte
P 26 USA 213325266

Sumame / Nom / Apellidos
FRANKENFIELD
Given names / Prénoms / Nombres
JAMES CLARK

Nationality - Nationalité, Nacionalidad
UNITED STATES OF AMERICA

Date of birth: [redacted] de naissance; Fecha de nacimiento


Sex: Sexe: Sexo Place of birth: Lieu de naissance: Lugar de nacimiento
M PENNSYLVANIA, U.S.A.

Date of issue / Date de délivrance / Fecha de expedición: 16 May 2005
Authority / Autorité / Autoridad: United States

Date of expiration / Date d'expiration / Fecha de caducidad **Department of State**
15 May 2015

Amendments / Modifications / Enmiendas
See Page 24

P<USAFRANKENFIELD<<JAMES<CLARK<<<<<<<<<<<<<<<<<<
2133252660USA6102238M1505155<<<<<<<<<<<<<<<00

COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH	
VITAL RECORDS	
Certification of Birth	
DATE OF BIRTH	FILE NO. 0296490-1961
	DATE FILED 02-28-1961
COUNTY OF BIRTH MONTGOMERY	DATE ISSUED 09-23-2011
NAME GREG COX	
SEX MALE	
	
<p>This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with the Vital Statistics Law of 1953, as amended.</p> <p><i>Marina O'Reilly Matthew</i> Marina O'Reilly Matthew Acting State Registrar</p> <p>WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY BY PHOTOSTAT OR PHOTOGRAPH</p>	

HSN 1/11

16025466



APPLICATION FOR A U.S. PASSPORT

Please Print Legibly Using Black Ink Only

 OMB CONTROL NO: 1465-0064
 OMB EXPIRATION DATE: 01-31-2017
 ESTIMATED BURDEN: 95 MIN

Attention: Read WARNING on page 1 of instructions

Please select the document(s) for which you are applying:

- ☒ U.S. Passport Book ☐ U.S. Passport Card ☐ Both
The U.S. passport card is not valid for international air travel. For more information see page 1 of instructions.
☐ 28 Page Book (Standard) ☐ 52 Page Book (Non-Standard)

Note: The 52 page option is for those who frequently travel abroad during the passport validity period, and is recommended for applicants who have previously required the addition of visa pages.

1. Name Last:

FRANKENFIELD

First

JAMES

Middle

CLARK

2. Date of Birth (mm/dd/yyyy)

[REDACTED]

3. Sex

☒ M ☐ F

4. Place of Birth (City & State if in the U.S., or City & Country as it is presently known.)

ABINGTON PA

5. Social Security Number

[REDACTED]

6. Email Address (e.g., my_email@domain.com)

showman @csoc.org

7. Primary Contact Phone Number

[REDACTED]

8. Mailing Address: Line 1: Street/RFD#, P.O. Box, or URB.

[REDACTED]

Address Line 2: Clearly label Apartment, Company, Suite, Unit, Building, Floor, in Care Of or Attention if applicable. (e.g., In Care Of - Jane Doe, Apt # 100)

City

[REDACTED]

State

Zip Code

[REDACTED]

Country, if outside the United States

US

9. List all other names you have used. (Examples: Birth Name, Maiden, Previous Marriage, Legal Name Change. Attach additional pages if needed)

A. GREG COX

B.

STOP! CONTINUE TO PAGE 2

DO NOT SIGN APPLICATION UNTIL REQUESTED TO DO SO BY AUTHORIZED AGENT

Identifying Documents - Applicant or Mother/Father/Parent on Second Signature Line (if identifying minor)

☐ Driver's License ☐ State Issued ID Card ☐ Passport ☐ Military ☐ Other

Name

Issue Date (mm/dd/yyyy)

Exp. Date (mm/dd/yyyy)

State of Issuance

ID No.

Country of Issuance

Identifying Documents - Applicant or Mother/Father/Parent on Third Signature Line (if identifying minor)

☐ Driver's License ☐ State Issued ID Card ☐ Passport ☐ Military ☐ Other

Name

Issue Date (mm/dd/yyyy)

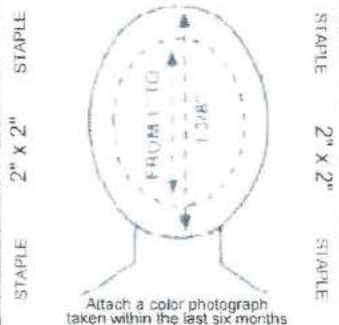
Exp. Date (mm/dd/yyyy)

State of Issuance

ID No.

Country of Issuance

I declare under penalty of perjury all of the following: 1) I am a citizen or non-citizen national of the United States and have not, since acquiring U.S. citizenship or nationality, performed any of the acts listed under "Acts or Conditions" on page four of the instructions of this application (unless explanatory statement is attached); 2) the statements made on the application are true and correct; 3) I have not knowingly and willfully made false statements or included false documents in support of this application; 4) the photograph attached to this application is a genuine, current photograph of me; and 5) I have read and understood the warning on page one of the instructions to the application form.



Attach a color photograph taken within the last six months

Acceptance Agent

(Vice) Consul USA

Passport Staff Agent



Name of courier company (if applicable)

Facility ID Number

Facility Name/Location

Agent ID Number

Signature of person authorized to accept applications

Date

x

Applicant's Legal Signature - age 16 and older

x

Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

x


Mother/Father/Parent/Legal Guardian's Signature (if identifying minor)

For Issuing Office Only → BK Card EF Postage Execution Other

* DS 11 C 09 2013 1 *

DS-11 09-2013

Page 1 of 2

Name of Applicant (Last, First, & Middle) JAMES CLARK FRANKENFELD				Date of Birth (mm/dd/yyyy) [REDACTED]	
10. Parental Information					
Mother/Father/Parent - First & Middle Name JOSEPH FRANKENFELD			Last Name (at Parent's Birth) FRANKENFELD		
Date of Birth (mm/dd/yyyy) [REDACTED]		Place of Birth Allentown PA		Sex U.S. Citizen? <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Female <input type="checkbox"/> No	
Mother/Father/Parent - First & Middle Name PEGGY			Last Name (at Parent's Birth) COX		
Date of Birth (mm/dd/yyyy) [REDACTED]		Place of Birth W. V.		Sex U.S. Citizen? <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Female <input type="checkbox"/> No	
Have you ever been married? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete the remaining items in #11.					
Full Name of Current Spouse or Most Recent Spouse			Date of Birth (mm/dd/yyyy)		Place of Birth
U.S. Citizen? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date of Marriage (mm/dd/yyyy)		Have you ever been widowed or divorced? Yes <input type="checkbox"/> No <input type="checkbox"/> Widow/Divorce Date (mm/dd/yyyy)	
12. Additional Contact Phone Number		13. Occupation (if age 16 or older)		14. Employer or School (if applicable)	
		Home Work Cell		Self	
15. Height 6'		16. Hair Color Brn		17. Eye Color Hazel	
18. Travel Plans					
Departure Date (mm/dd/yyyy)		Return Date (mm/dd/yyyy)		Countries to be Visited	
19. Permanent Address - If P.O. Box is listed under Mailing Address or if residence is different from Mailing Address					
Street/RFD # or URB (No P.O. Box)					Apartment/Unit
City		State		Zip Code	
20. Emergency Contact - Provide the information of a person not traveling with you to be contacted in the event of an emergency.					
Name [REDACTED]		Address: Street/RFD # or P.O. Box			Apartment/Unit
City [REDACTED]		State [REDACTED]		Zip Code [REDACTED]	
Phone Number [REDACTED]		Relationship Brother			
21. Have you ever applied for or been issued a U.S. Passport Book or Passport Card? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the remaining items in #21.					
Name as printed on your most recent passport book James Clark Frankenfild		Most recent passport book number		Most recent passport book issue date (mm/dd/yyyy)	
Status of your most recent passport book: <input checked="" type="checkbox"/> Submitting with application <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> In my possession (if expired)					
Name as printed on your most recent passport card		Most recent passport card number		Most recent passport card issue date (mm/dd/yyyy)	
Status of your most recent passport card: <input type="checkbox"/> Submitting with application <input type="checkbox"/> Stolen <input type="checkbox"/> Lost <input type="checkbox"/> In my possession (if expired)					
PLEASE DO NOT WRITE BELOW THIS LINE - FOR ISSUING OFFICE ONLY					
Name as it appears on citizenship evidence					
<input type="checkbox"/> Birth Certificate SP CR City Filed:			Issued:		
<input type="checkbox"/> Nat. / Citiz. Cert. USCIS USDC Date/Place Acquired:			A#		
<input type="checkbox"/> Report of Birth Filed/Place					
<input type="checkbox"/> Passport C/R S/R Per PIERS #/DOI					
<input type="checkbox"/> Other					
<input type="checkbox"/> Attached:					
<input type="checkbox"/> P/C of ID <input type="checkbox"/> DS-3053 <input type="checkbox"/> DS-64 <input type="checkbox"/> DS-6620 <input type="checkbox"/> DS-5513 <input type="checkbox"/> Citiz W/S					
<input type="checkbox"/> P/C of Citiz <input type="checkbox"/> DS-10 <input type="checkbox"/> DS-86 <input type="checkbox"/> DS-71 <input type="checkbox"/> IRL <input type="checkbox"/> CIS ver					
			 * DS 11 C 09 2013 2 *		

From:

07/17/2014 10:30

#850 P.001/001

Deputy DA Jody Vaughan

PETITIONER OR ATTORNEY (Name, State Bar number, and address): James Clark Frankenfield [REDACTED]		FOR COURT USE ONLY NC-130	
TELEPHONE NO. [REDACTED] FAX NO. (Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): In Pro Per	ENTERED CIVIL JUDGMENTS VOL. <u>88</u> PAGE <u>943</u>		FILED SUPERIOR COURT OF CALIFORNIA COUNTY OF SISKIYOU MAY 17 2011 By: <u>[Signature]</u> DEPUTY CLERK
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Siskiyou STREET ADDRESS: 311 Fourth Street MAILING ADDRESS: P.O. Box 1026 CITY AND ZIP CODE: Yreka, CA 96097 BRANCH NAME: Civil Division			
PETITION OF (Name of each petitioner): James Clark Frankenfield		FOR CHANGE OF NAME DECREE CHANGING NAME	
		CASE NUMBER: SCCVPT 11-0463	

1. The petition was duly considered:
- a. ☒ at the hearing on (date): **May 17, 2011** in Courtroom: of the above-entitled court.
- b. ☐ without hearing.

THE COURT FINDS

2. a. All notices required by law have been given.
- b. Each person whose name is to be changed identified in item 3 below
- (1) ☒ is not ☐ is under the jurisdiction of the Department of Corrections, and
- (2) ☒ is not ☐ is required to register as a sex offender under section 290 of the Penal Code.
- These determinations were made ☒ by using CLETS/CJIS ☐ based on information provided to the clerk of the court by a local law enforcement agency.
- c. ☐ No objections to the proposed change of name were made.
- d. ☐ Objections to the proposed change of name were made by (name):
- e. it appears to the satisfaction of the court that all the allegations in the petition are true and sufficient and that the petition should be granted.
- f. ☐ Other findings (if any):

THE COURT ORDERS

3. The name of
- | <u>Present name</u> | <u>New name</u> |
|------------------------------------|-------------------------------|
| a. <u>James Clark Frankenfield</u> | is changed to <u>Greg Cox</u> |
| b. _____ | is changed to _____ |
| c. _____ | is changed to _____ |
| d. _____ | is changed to _____ |
| e. _____ | is changed to _____ |
- ☐ Additional name changes are listed on Attachment 3.

Date:

5/17/11

ATTEST:
LARRY D. GOBELMAN
 Clerk of the Superior Court of the State of
 California and for the County of Siskiyou.
 By [Signature] 5/31/11
 Deputy

JUDGE OF THE SUPERIOR COURT
 SIGNATURE OF JUDGE FOLLOWS LAST ATTACHMENT

Form Adopted for Mandatory Use
 Judicial Council of California
 NC-130 (Rev. July 1, 2007)

DECREE CHANGING NAME
 (Change of Name)

Code of Civil Procedure, §§ 1278, 1279

LAURA MASUNAGA
 American LegalNet, Inc.
 www.americanlegalnet.com



Embassy of the United States of America

October 03, 2016

Dear Mr. Frankenfield:

The United States Embassy Consular Section is denying your passport application due to the failure to present the required evidence.

During the interview, the Consular Officer explained that you need to execute a new passport application in your legal name of Mr. Greg Cox.

The U.S. passport application may be held in suspense for 90 days, pending receipt of the evidence requested. The requested evidence was not submitted within the required time period, therefore the passport application is denied. By law, the passport execution and application fees are non-refundable.

Sincerely,

A handwritten signature in dark ink, appearing to read "Adam E. Fox".

Adam E. Fox
Vice Consul
U.S. Embassy Tbilisi